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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c) or (j))	89 - 20* =	<b>69</b>	x \$ <b>9</b>	\$ <b>621</b>
	INDEPENDENT CLAIMS 37 CFR 1.16(b) or (i))	5 - 3** =	<b>2</b>	x \$ <b>42</b>	<b>84</b>
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			x \$ _____ =	<b>140</b>
				BASIC FEE (37 CFR 1.16)	<b>370</b>
	Total of above Calculations =				<b>1,215</b>
	Extension of Time Fee				<b>980</b>
	* <i>Reissue claims in excess of 20 and over original patent.</i> ** <i>Reissue independent claims over original patent.</i>			TOTAL =	<b>2,195</b>

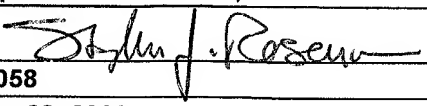
6. ☒ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. **19-1090**:
- a. ☐ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.
8. ☒ A check in the amount of \$ \_\_\_\_\_ is enclosed.
9. ☐ Payment by credit card. Form PTO-2038 is attached.
10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) for a period of \_\_\_\_\_ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.
11. ☐ New Attorney Docket Number, if desired \_\_\_\_\_  
[Prior application Attorney Docket Number will carry over to this CPA unless a new Attorney Docket Number has been provided herein.]
12. a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
- b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
13. ☐ Other: \_\_\_\_\_

**NOTE** The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

## 14. NEW CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	 <b>00500</b> PATENT TRADEMARK OFFICE		OR <input type="checkbox"/> New correspondence address below
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

## 15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type)	<b>Stephen J. Rosenman, Ph.D.</b>
Signature	
Registration No. (Attorney/Agent)	<b>43,058</b>
Date	<b>June 28, 2002</b>